

**North Carolina Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
2708 Mail Service Center
Raleigh, North Carolina 27699-2708
(919) 855-3765**

Disclosure Statement Format for Multiunit Assisted Housing with Services

The disclosure statement must flow in accordance with the items outlined below and must be submitted with the initial registration form and annually to the Division of Health Service Regulation. Please refer to the legal requirements for registration and disclosure for multi-unit assisted housing with services which offer details regarding the specific items to be addressed:

- a. Organization/Facility Introduction and Information;
- b. Limitations of services;
- c. Limitations of tenancy;
- d. Resident responsibilities;
- e. Procedures for required initial and annual resident screening and referrals for services;
- f. Financial/legal relationship between housing management and home care or hospice agencies;
- g. Emergency response system;
- h. An appeals process;
- i. Charges for services offered;
- j. A listing of all home care or hospice and other community services in the area;

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Registration Form for Multiunit Assisted Housing With Services

This registration form must be completed and submitted with the initial Disclosure Statement filing to the Division of Health Service Regulation. It must be signed by the individual owner, administrative officer or member of the governing board on whom rests the responsibility for the operation of the Facility. Please check appropriate boxes below and/or fill in the blanks; leave no spaces blank. If additional space is required, please attach necessary documentation.

1. Legal identity of Registrant:

[full legal name of corporation, partnership, individual, or other legal entity owning the enterprise for which this form is submitted]

Doing Business (d/b/a) - names(s) under which the Facility is advertised or presented to the public:

Primary:_____

Other:_____

Facility Address:_____

City/State/Zip Code:_____County:_____

Business Telephone Number:_____Fax Number:_____

2. Date Facility initially opened:_____ / _____ / _____
Month Day Year

3. For- Profit Not-For Profit

<input type="checkbox"/>	<input type="checkbox"/>	Corporation: Chartered by the State of North Carolina
<input type="checkbox"/>	<input type="checkbox"/>	Corporation: Chartered by another State
<input type="checkbox"/>	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	<input type="checkbox"/>	Individual
<input type="checkbox"/>	<input type="checkbox"/>	Church Affiliation:_____
<input type="checkbox"/>	<input type="checkbox"/>	Other Affiliation:_____
<input type="checkbox"/>	<input type="checkbox"/>	Name/Address of Parent Corporation:_____

Parent Corporation:

☐ Publicly Traded ☐ Privately owned ☐ Other:_____

4. Name of the legal entity responsible for the financial and contractual obligations of the facility:

5. Number and Types of multiunit assisted housing with services units available:

Number

Type Unit

[]	<u>Studio or Efficiency</u>
[]	<u>One Bedroom</u>
[]	<u>Two Bedroom</u>
[]	<u>More Than Two Bedrooms</u>
[]	<u>Other</u>

Total:_____

The undersigned submits this registration in accordance with North Carolina General Statute 131D-2(a)(7a).
To the best of my knowledge the information provided in this registration is true and correct.

6. _____
Type Name of Administrator (Written Signature)

Title:_____Date:_____

Name and telephone number of contact person concerning this registration form:

Name:_____Telephone Number:_____